

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000003973

1. Entity Name
REAL TIME SOLUTIONS, LLC



Principal Place of Business Mailing Address
1860 BOY SCOUT DRIVE **1860 BOY SCOUT DRIVE**
SUITE 207 **SUITE 207**
FORT MYERS, FL 33907 **FORT MYERS, FL 33907**



02142005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0606141

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOFF, TOMMY E
1860 BOY SCOUT DRIVE
SUITE 207
FORT MYERS, FL 33907

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KENNEDY, TOM L MGRM
15650 VILLORESI WAY
NAPLES, FL 341102712

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GOFF, TOMMY E MGRM
1801 BRANTLEY RD, #1916
FORT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

1100000234745
02/18/05-80035-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ✓ Tommy E Goff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Tommy E Goff

✓ 2/16/05

Date

239-278-3473

Daytime Phone #